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Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT \$\frac{1}{2}\$ SI,110.00 Attorney Docket No. FR-AM1960NP	Effective on 12/08/2004.				Complete if Known				
For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) \$1,110.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, the Director is hereby sulhorized to (check all that apply) Charge see(a) indicated below Charge see(a) indicated deposit account, the Director is hereby sulhorized to (check all that apply) Charge see(a) indicated below Charge see(a) indicated below Englished See(a) or any underpayments of See(a) indicated below, except for the filling fee Charge sery additional fee(a) or any underpayments of See(a) indicated below, except for the filling fee Charge sery additional fee(a) or any underpayments of See(a) indicated below, except for the filling fee Charge sery additional fee(a) or any underpayments of See(a) indicated below, except for the filling fee Charge sery additional fee(a) or any underpayments of See(a) indicated below, except for the filling fee Charge sery additional fee(a) or any underpayments of See(a) indicated below, except for the filling fee Charge sery additional fee(a) or any underpayments of See(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Charge fee(a) indicated below, except for the filling fee Exercise fee(a) indicated below,			·		Application Number 10/560,880				
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Deposit Account Number: 012717 Deposit Account Name: 31684 For the above-identified deposit account, the Director is hereby sutherized for (check all that apply) Charge fee(s) indicated below	METHOD OF PAYME	NT (check al	that apply)						
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See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee (\$) Fee Paid (\$) - 100 = 0 / 50 0 (round up to a whole number) x \$270.00 = \$0.00 4. OTHER FEE(S) Fee Paid (\$)

Non-English specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3 Month Extension of Time

SUBMITTED BY Registration No. Signature 31000 Telephone 215-419-5270 Name (Print/Type) Steven D. Boyd, Esq. Date July 27, 2009

This collection of information is required by 37 CFR 1136. The intornation is required by detain or retain a benefit by the public which is to like (and by the processing of the public which is to like (and by the public which is to like (and by